

Patient Label

**Surgeon/Clinic Pre-Admission Testing (PAT) Orders**

**Coding Guidelines:** Primary diagnosis must be V-code designating pre-operative examination or pre-procedural laboratory evaluation. The next diagnosis must be the primary reason/condition for the planned surgery. Typically, this is the same diagnosis used to pre-authorize or pre-certify the procedure with patient's health insurance company when required. The next group of diagnoses applies to any co-morbidity or risk factor that might help establish **medical necessity** for PAT, for example, hypertension, coronary artery disease, diabetes, stroke, long-term Coumadin use, etc. These diagnoses must be documented by the physician or surgeon. Clinic notes indicating why the physician is sending the patient for PAT or pre-surgical History & Physical that pre-dates the PAT may be used.

<b>Planned surgery or procedure</b>					
<b>Planned date / time of surgery</b>					
<b>Primary diagnosis for planned surgery</b>					
<b>Pre-Admission Testing (PAT)</b>					
<input type="checkbox"/> CBC	<input type="checkbox"/> Hemogram	<input type="checkbox"/> H&H	<input type="checkbox"/> Basic Met. Prof.	<input type="checkbox"/> Comp. Met. Prof.	<input type="checkbox"/> PT/INR/PTT
<input type="checkbox"/> Type & Screen	<input type="checkbox"/> Sed Rate	<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> Chest X-Ray ①	<input type="checkbox"/> EKG ②	<input type="checkbox"/> Urinalysis ③
<input type="checkbox"/> Other testing:					
<input type="checkbox"/> Per hospital's anesthesia protocol (please check relevant diagnoses below)					
<b>Diagnoses related to testing</b>					
<input type="checkbox"/> Pre-procedural laboratory examination ( <b>V72.63</b> ) (laboratory, chemistry, hematology)					
<input type="checkbox"/> Pre-operative examination ( <b>V72.83</b> ) (EKG, CXR, ultrasound, and other diagnostic examinations)					
<input type="checkbox"/> Other diagnoses					
<input type="checkbox"/> ABDOMINAL PAIN ①②③ <input type="checkbox"/> AICD or other CARDIAC DEVICE ①② <input type="checkbox"/> CARDIORESPIRATORY PROBLEMS ①② <input type="checkbox"/> CHEST PAIN ①② <input type="checkbox"/> CHEST WALL INJURY or PAIN ①② <input type="checkbox"/> CHRONIC KIDNEY DISEASE ①②③ <input type="checkbox"/> CHRONIC OBSTRUCTIVE PULMONARY DISEASE ①② <input type="checkbox"/> CONGESTIVE HEART FAILURE ①②③ <input type="checkbox"/> CONNECTIVE TISSUE DISEASE ①②③ <input type="checkbox"/> CONVULSIONS ①② <input type="checkbox"/> CORONARY ARTERY DISEASE ①② <input type="checkbox"/> DIABETES MELLITUS ①③ <input type="checkbox"/> DIZZINESS ①② <input type="checkbox"/> EDEMA ①②③ <input type="checkbox"/> END STAGE RENAL DISEASE (585.6) ①③ <input type="checkbox"/> HALLUCINATIONS ①② <input type="checkbox"/> HEART AND LUNG, INJURY TO ①② <input type="checkbox"/> HEART DISEASE, UNSPECIFIED ①②③ <input type="checkbox"/> HEART REPLACEMENT ①② <input type="checkbox"/> HEART VALVE REPLACEMENT ①②	<input type="checkbox"/> HEMOTHORAX ①② <input type="checkbox"/> HYPERTENSION ①②③ <input type="checkbox"/> HYPOTHYROIDISM ①② LUNG REPLACEMENT ①② <input type="checkbox"/> LUPUS ①②③ <input type="checkbox"/> MYOCARDIAL INFARCTION ①② <input type="checkbox"/> PACEMAKER ①② <input type="checkbox"/> PERICARDITIS ①② <input type="checkbox"/> PNEUMONIA ①② <input type="checkbox"/> PNEUMOTHORAX ①② <input type="checkbox"/> POLYARTHROPATHY ①②③ <input type="checkbox"/> RENAL FAILURE ①②③ <input type="checkbox"/> RESPIRATORY ABNORMALITIES ①② <input type="checkbox"/> RESPIRATORY FAILURE, ACUTE ①②③ <input type="checkbox"/> RHEUMATOID ARTHRITIS ①②③ <input type="checkbox"/> SHORTNESS OF BREATH ①② <input type="checkbox"/> STROKE, HISTORY OF ①② <input type="checkbox"/> SYNCOPE, COLLAPSE ①② <input type="checkbox"/> TACHYCARDIA, OTHER ABNORMAL HEART SOUNDS ①② <input type="checkbox"/> THYROID DISORDERS ①② <input type="checkbox"/> URINARY TRACT INFECTION, HISTORY ③				

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Verbal/Telephone order with Read Back \_\_\_\_\_ Nurse's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_